

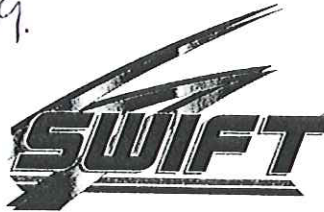
**EMPLOYMENT APPLICATION**

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS VETERAN STATUS OR DISABILITY.  
EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Bill Cody

Fax 614-308-2385

Toll Free 800-446-4051 Ext. 2



2200 S. 75th Ave. • Phoenix, AZ 85043

*Turned Down Because of Record*

Date of Application:

9-25-09

Name

Tanna Lee Hodges

Social Security No.

Present Address

3185 Valley Chapterd

Phone

(740) 286-4192

Previous Address(es) during last 3 years (FMCSR 391.21(b) (3))

Date of Birth (required by FMCSR 391.21 (b) (2) to verify motor vehicle report)

2-18-53-

In case of emergency notify

Cary Bias

SAN ANTONIO TX

(210) 707 5020

Alternate Emergency Phone #

740-642-3192

Name

Shirley Hunter

23 Warren Dr.

Kingston

Have you applied for work and/or worked for this company before? ☐ Yes ☒ No

When?

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? ☒ Yes ☐ No

Position which applying for:

OTR Driver

Are you able to perform the essential functions and duties of the job as contained in the job description with or without reasonable accommodation? ☒ Yes ☐ NoHow did you find out about Swift? ☐ Newspaper ☒ Truck Driving Publication ☐ Employee Referral ☐ Other School**PLEASE READ CAREFULLY**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☒ No If yes, explain (49CFR391.21(b)(9))
- B. Has any license, permit or privilege suspended or revoked? ☐ Yes ☒ No
- C. Have you ever been stopped while intoxicated? ☐ Yes ☒ No Were you driving a Commercial Motor Vehicle? ☐ Yes ☐ No
- D. Have you ever used any illegal drugs (including marijuana)? ☐ Yes ☒ No If yes, when was the last time?
- E. Have you ever been convicted for possession of, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? ☐ Yes ☒ No
- F. Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify you from employment.) ☒ Yes ☐ No Miss,
- G. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you from employment.) ☐ Yes ☒ No
- H. Are you currently on probation or parole status? (A "yes" answer will not necessarily disqualify you from employment.) ☐ Yes ☒ No
- I. Have you tested positive, or refused to test, on any preemployment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety, sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last three years? (49 C.F.R. 40.25(J)) ☐ Yes ☒ No
- Yes to any of the above questions, state circumstances and dates:

**EDUCATION**

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3

List other specialty training or schools

MTA Driver Training School / Southern States Columbus Ohio / Pkaton Ohio

**MILITARY STATUS**Have you served in the U.S. Armed Forces? ☐ Yes ☒ No Branch

Dates: From To

Duties



Social Security No. \_\_\_\_\_

**EMPLOYMENT RECORD FOR PAST 10 YEARS**

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 10 years.  
NOTE: List employers in reverse order starting with the most recent. Use an additional sheet if necessary.

**CURRENT OR MOST RECENT EMPLOYER**

May We Call? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_  
Position Held \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_  
Gap in Employment From \_\_\_\_\_ To \_\_\_\_\_ Explain \_\_\_\_\_

Mo Day Yr Mo Day Yr  
From \_\_\_\_\_ To \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No  
B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40? ☐ Yes ☐ No

**SECOND PRIOR EMPLOYER**May We Call? Yes ☒ No \_\_\_\_\_

Name midwest Cowl  
Address Sioux city Iowa street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_  
Position Held OTR Driver  
Reason For Leaving \_\_\_\_\_  
Gap in Employment From \_\_\_\_\_ To \_\_\_\_\_ Explain \_\_\_\_\_

Mo Day Yr Mo Day Yr  
From 9-85-85 To 8-88  
Phone # (\_\_\_\_) \_\_\_\_\_  
Supervisor CHAR  
Type of Equip. Driven Peter

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No  
B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40? ☐ Yes ☐ No

**THIRD PRIOR EMPLOYER**May We Call? Yes ☒ No \_\_\_\_\_

Name B. J. Mc Adams  
Address Little Rock AR street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_  
Position Held OTR Driver  
Reason For Leaving Went to Willio By Truck Lines  
Gap in Employment From \_\_\_\_\_ To \_\_\_\_\_ Explain \_\_\_\_\_

Mo Day Yr Mo Day Yr  
From 8-89 To 8-89  
Phone # (\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Type of Equip. Driven Freightliner

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No  
B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40? ☐ Yes ☐ No

**FOURTH PRIOR EMPLOYER**May We Call? Yes ☒ No \_\_\_\_\_

Name Willio By Truck Lines  
Address Seymore Ind. street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_  
Position Held OTR Driver  
Reason For Leaving more money  
Gap in Employment From \_\_\_\_\_ To \_\_\_\_\_ Explain \_\_\_\_\_

Mo Day Yr Mo Day Yr  
From 8-89 To 9-90  
Phone # (\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No  
B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40? ☐ Yes ☐ No

**FIFTH PRIOR EMPLOYER**May We Call? Yes ☒ No \_\_\_\_\_

Name 76 TRUCK STOP  
Address Little Rock AR street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_  
Position Held waitress  
Reason For Leaving To Raise Kids  
Gap in Employment From \_\_\_\_\_ To \_\_\_\_\_ Explain \_\_\_\_\_

Mo Day Yr Mo Day Yr  
From 9-91 To 9-93  
Phone # (\_\_\_\_) \_\_\_\_\_  
Supervisor Bill  
Type of Equip. Driven \_\_\_\_\_

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No  
B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40? ☐ Yes ☐ No

**SIXTH PRIOR EMPLOYER**

May We Call? Yes \_\_\_\_\_ No \_\_\_\_\_

Name Raising grand child  
Address \_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_  
Position Held \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_  
Gap in Employment From \_\_\_\_\_ To \_\_\_\_\_ Explain \_\_\_\_\_

Mo Day Yr Mo Day Yr  
From 9-93 To 2009  
Phone # (\_\_\_\_) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Type of Equip. Driven \_\_\_\_\_

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No  
B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40? ☐ Yes ☐ No



Social Security No.  -  - **ADDITIONAL WORK EXPERIENCE****SEVENTH PRIOR EMPLOYER**May We Call? Yes ☐ No ☐

Mo Day Yr

Mo Day Yr

Name From  To Address Phone # Position Held Reason For Leaving Supervisor Gap in Employment From  To  Explain Type of Equip. Driven 

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No
- B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40 ? ☐ Yes ☐ No

**EIGHTH PRIOR EMPLOYER**May We Call? Yes ☐ No ☐

Mo Day Yr

Mo Day Yr

Name From  To Address Phone # Position Held Reason For Leaving Supervisor Gap in Employment From  To  Explain Type of Equip. Driven 

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No
- B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40 ? ☐ Yes ☐ No

**NINTH PRIOR EMPLOYER**May We Call? Yes ☐ No ☐

Mo Day Yr

Mo Day Yr

Name From  To Address Phone # Position Held Reason For Leaving Supervisor Gap in Employment From  To  Explain Type of Equip. Driven 

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No
- B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40 ? ☐ Yes ☐ No

**TENTH PRIOR EMPLOYER**May We Call? Yes ☐ No ☐

Mo Day Yr

Mo Day Yr

Name From  To Address Phone # Position Held Reason For Leaving Supervisor Gap in Employment From  To  Explain Type of Equip. Driven 

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No
- B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40 ? ☐ Yes ☐ No

**ELEVENTH PRIOR EMPLOYER**May We Call? Yes ☐ No ☐

Mo Day Yr

Mo Day Yr

Name From  To Address Phone # Position Held Reason For Leaving Supervisor Gap in Employment From  To  Explain Type of Equip. Driven 

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No
- B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40 ? ☐ Yes ☐ No

**TWELFTH PRIOR EMPLOYER**May We Call? Yes ☐ No ☐

Mo Day Yr

Mo Day Yr

Name From  To Address Phone # Position Held Reason For Leaving Supervisor Gap in Employment From  To  Explain Type of Equip. Driven 

- A. FMCSR 391.21 (b)(10) (iv) (A) Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by this previous employer? ☐ Yes ☐ No
- B. FMCSR 391.21 (b) (10) (iv) (B) Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing required by 49 CFR part 40 ? ☐ Yes ☐ No



Social Security No.          -         **DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN-TANK-FLAT-ETC.	FROM	DATES	TO	APPROX. NO. OF MILES TOTAL
STRAIGHT TRUCK	UAW				
TRACTOR AND SEMI-TRAILER	UAW	83		91	1 million
TRACTOR AND TWO TRAILERS					
OTHER					

**LICENSE LIST ALL DRIVERS LICENSES HELD IN PAST FIVE YEARS** (NOTE: A COPY of your valid drivers license or CDL must be attached for your application to be considered.)

STATE	LICENSE NUMBER	TYPE	ENDORSEMENTS	EXPIRATION DATE
NC. A	9966185	OP.		2008
Ohio	PA402721	CLASS A	TANK	2011

**MOVING TRAFFIC CONVICTIONS LIST FOR PAST FIVE (5) YEARS. IF NONE WRITE NONE.**

STATE	DATE	LOCATION (STATE)	CHARGE	PENALTY
Va.	2004	Ch Beach Va	Radar Det.	Warning

**ACCIDENT RECORD IF NONE WRITE NONE.**

LIST ALL INVOLVEMENT WITH TRUCK AND CAR INCLUDING PROPERTY DAMAGE FOR PAST FIVE YEARS, INCLUDING PREVENTABLE AND NON-PREVENTABLE.

DATE	TYPE OF VEHICLE	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	INDICATE PREVENTABLE OR NON-PREVENTABLE	FATALITIES	INJURIES	AMOUNT OF PROPERTY DAMAGE
1985	Rate	upset TRUCK	NONPREVENTABLE	NONE		Total.

**STATES IN WHICH YOU HAVE OPERATED A CLASS-A MOTOR VEHICLE IN THE PAST FIVE YEARS**LIST ALL STATES NONE**REFERENCES** (Please list 2 people able to verify your employment and personal history. Such as co-worker, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)

1. Name Dessie Hill Relationship friend  
 Address 3185 Valley Chapel Rd Jackson Ohio Phone # 740 286-4192
2. Name Shirley Hunter Relationship friend  
 Address 23 Warren DR. Kingston Ohio Phone # 740-642-5192

**ACKNOWLEDGEMENT**

I give Swift Transportation, Inc. (the Company) the right to investigate all references and to secure additional information about me, if job-related. I release from liability the Company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. A copy of this page serves as my authorization for release of this information. I agree to sign all documents and consent forms which the Company deems necessary to verify the facts provided in this application. I give my consent and release from liability the Company and its representatives, that will respond to any inquiry made about me as part of a reference check by any subsequent or potential employer.

From time to time the company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.

I realize as a condition of employment I will be required to undergo a post offer/pre-employment medical examination and substance abuse screening test at the expense of and as prescribed by the Company, and the any offer of employment is conditioned upon the successful completion of these tests. I agree to furnish such additional information and undergo any other examinations or tests to complete the employment file, or to continue my employment with the Company, if employed. These tests may include, but are not necessarily limited to random, for cause, reasonable suspicion or post accident alcohol and substance abuse screening tests. Further, I release the Company, its agents or employees from any and all claims or actions arising out of such alcohol and substance abuse tests including, but not limited to, the testing procedures, the analysis or the disclosure of test results.

I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).

This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this, or any other position.

I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information provided by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if employed. Further, I understand that just as I am free to resign at any time, for any reason, with or without prior notice, the Company reserves the right to terminate my employment at any time, for any reason, with or without prior notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary. I recognize the employment relationship to be an at-will relationship and not for a specific period of time. This application represents the complete and final expression of the intent of the parties and may not be modified except by a writing duly executed by the undersigned and the President of the Company.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this or formal application. I further agree, in the event that I am offered employment by the company, as a condition to that employment, all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration in lieu of any Federal or State investigative, administrative or legal proceeding. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

I have read carefully the above information, understand and accept the contents thereof. This certifies that this application was completed by me, and that all entries on it and the information provided in it are true and complete to the best of my knowledge.

Signature Arnell Lee HedgesDate 9-25-09

Social Security No.

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**APPLICANT INVITATION TO IDENTIFY**

To comply with government regulations and reporting requirements, we request that you complete the VOLUNTARY data form. Refusal to provide this information will not subject you to any adverse treatment. All information provided will be held confidential.

I wish to be considered under the Affirmative Action Program as a:

( ) Male

☒ Female

- ( ) **American Indian or Alaskan Native:** A person having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ( ) **Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- ( ) **Black:** A person having origins in any of the black racial groups of Africa, not of Hispanic origin.
- ( ) **Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☒ **White**

Print Name

TANNA Lee Hodges

Date

9-25-09